09578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 686 / 191

1. PLACE OF DEATH — COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELLICOTT CITY — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHAEFFER NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 3322 CATON AVE.

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) E. (Last) BETZOLD
4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH: OCT. 9, 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: — FELDHAUS
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: MRS. HELEN LEVONAS - 2314 GROVE ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) (b) Cardio-Vascular Disease — 4 Years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) C Hypertension

260x

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 7 Years

19a. DATE OF OPERATION: 8/24/50
19b. MAJOR FINDINGS OF OPERATION: Diabetes Gangrene Rt. Leg Baltimore Md
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 9/9, 1952, that I last saw the deceased alive on 9/8, 1952, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE: Eliot W. Johnson (Degree or title) MD — ADDRESS: 3432 Friedrich Ave — DATE SIGNED: 9/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-12-52 — NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk — LOCATION (City, town, or county): Elkridge (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 15, 1952 — REGISTRAR'S SIGNATURE: John B. Loughran, Per. B. E. L. — 24. FUNERAL DIRECTOR: George H. Farley - Catonsville, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1952
BUREAU V. S.

09579

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM ANDREW CLEMENT

4. DATE OF DEATH (Month) (Day) (Year): 9-5-1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Married	9-12-1879	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Labor	Farming	North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Clement	Samantha Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Dorothy Clement, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic C.V. disease	2 yrs.
4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jean A. Kochman, M.D. ADDRESS Ellicott City Md DATE SIGNED 9/5/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-7-52	Good Shepherd	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/7/52	John B. Loughran Per. B.E.L.	F.C. Higinbothom, Ellicott City, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09580

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 493

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Florence | LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Florence
STREET ADDRESS (If rural, give location) P.O. Woodbine

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) DADE (Last) DAVIS
4. DATE OF DEATH: (Month) SEPT. (Day) 16, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	1-7-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier (retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: W. Harvey Davis
14. MOTHER'S MAIDEN NAME: Ann Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Mrs. Elsie H. Davis, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular disease	5 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 7 1951, to September 16 1952, that I last saw the deceased alive on September 14, 1952 and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Kerr	M.D.	Hamsecus, Md.	September 17, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-18-1952	Oak Grove	Howard Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 18-52	E. Paul Mercer	C. M. Waltz, Winfield, Md.	

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SEP 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09581

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ellicott City
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Theodore (Last) Dorsey

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 21, 1882

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Prince Albert Dorsey

14. MOTHER'S MAIDEN NAME: Mary L. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-05-4682

17. INFORMANT & ADDRESS: Miss May Dorsey. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary occlusion — 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to 9/25, 1952, that I last saw the deceased alive on 9/25, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen (Degree or title) M. D. ADDRESS Sykesville DATE SIGNED 9-26-52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 9-28-52 — NAME OF CEMETERY OR CREMATORY Bushy Park — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 22, 1952 — REGISTRAR'S SIGNATURE E. Pearl Murray

24. FUNERAL DIRECTOR ADDRESS Wm. H. Haight — Sykesville, Md.

Lisbon, Md. Luther H. Haight

VS. A15

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OCT 6 1952
BUREAU V. S.

Item 18 &22 Film G148 11-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

09582

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups (rural)
STREET ADDRESS (If rural, give location): One Spot

3. NAME OF DECEASED (Type or Print): (First) BENNIE (Middle) (Last) FULCHER, JR.

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-9-1952

9. AGE last birthday: yrs. If under 1 year: Months 1 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jessups, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bennie Fulcher

14. MOTHER'S MAIDEN NAME: Pearlie May Folder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Bennie Fulcher, Jessups, Md.

18. MEDICAL CERTIFICATION

I.—DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525X

Immediate cause (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William U. Gardner Assistant Medical Examiner, 700 E. Fleet St. 10-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-2-52 | NAME OF CEMETERY OR CREMATORY: One Spot | LOCATION (City, town, or county) (State): Jessups, Md.

DATE REC'D BY LOCAL REG. 10/2/52 | REGISTRAR'S SIGNATURE: Mark Shipley, | 24. FUNERAL DIRECTOR ADDRESS: F.C.Higinbothom, Ellicott City, Md

1082214404

RECEIVED
OCT 8 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY: Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pennsylvania COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place): 1 1/3 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fayetteville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic	STREET ADDRESS (If rural, give location): R.F.D. Box 113

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) K. B.	(Last) Gelwicks	4. DATE OF DEATH	(Month) Sept (Day) 4. (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Nov 4, 1870	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher-housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Jacob Bitner		14. MOTHER'S MAIDEN NAME: Elizabeth Byers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Pinel Clinic Ellicott City, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 hrs.
4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular disease	years
90 (7)	(c) Senile psychosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur — 5 wks

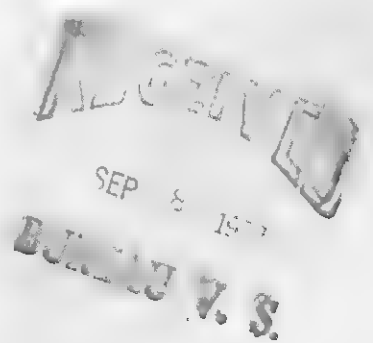
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Pinel Clinic	(CITY OR TOWN) Ellicott City, (COUNTY) Howard Co. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1952 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? While walking on ground

22. I hereby certify that I attended the deceased from Apr 19, 1951, to Sept 4, 1952, that I last saw the deceased alive on Sept 4, 1952, and that death occurred at 5.45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	Md.	Pinel Clinic, Ellicott City, Md.	

23. BURIAL, CREMATION REMOVAL (Specify): Cremation	DATE THEREOF: 9/8/52	NAME OF CEMETERY OR CREMATORY: West Laurel Hill Crematory	LOCATION (City, town, or county) (State): Philadelphia, Penna.
DATE REC'D BY LOCAL REG.: Sept. 4, 1952	REGISTRAR'S SIGNATURE: John B. Loughran Per. B.E.L.	24. FUNERAL DIRECTOR: Easton Sons	ADDRESS: Ellicott City, Md.


SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY B. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3[illegible] Duvall Av.

3. NAME OF DECEASED (Type or Print) (First) Selma (Middle) J. (Last) Levy
4. DATE OF DEATH (Month) Sept (Day) 5, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 2[illegible], 1[illegible]
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Adolph Letcher
14. MOTHER'S MAIDEN NAME Johanna Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Clarence L. Struven-4020 W. Cold Spring Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular disease	years
	(c) Generalized arteriosclerosis	years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1948, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952 and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Pinel Clinic, Ellicott City, Md DATE SIGNED 9/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/8/52
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 8/9/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Dickner & Sons ADDRESS Balto 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH COUNTY: Fx Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy; LENGTH OF STAY (in this place): 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle) R.	(Last) LOWMAN	4. DATE OF DEATH	(Month) Sept (Day) 21 (Year) 1952
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 12-22-1865	9. AGE last birthday: 86 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: -----	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Robert Mercer	14. MOTHER'S MAIDEN NAME: Annie Trigg				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Mrs. Annie Brashears, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 dys
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept, 1952, that I last saw the deceased alive on Sept 23, 1952, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C M Van Poole MD		Mt Airy Md	9-21-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 9-23-1952	NAME OF CEMETERY OR CREMATORY: Prospect	LOCATION (City, town, or county) (State): Frederick Co., Md.
DATE REC'D BY LOCAL REG.: Sept 22-54	REGISTRAR'S SIGNATURE: E. Pearl Mercer	24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1952
BUREAU V. S.

09586

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bloom's Corner new route 29

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 485 Frederick Road

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) MARTIN (Last)
4. DATE OF DEATH (Month) 9-20-52 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-20-1942
9. AGE last birthday 10 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Prue Martin
14. MOTHER'S MAIDEN NAME Birdie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Prue Martin, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injury to right chest — Instant

813.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture right leg — instant

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Ellicott City (rural) (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 9-20-52 (Day) (Year) 7.45 (Hour) P m. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by auto while riding bicycle on highway.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Bingtorf M.D. (Degree or title) Deputy Medical Examiner for Howard County
ADDRESS Ellicott City, Md.
DATE SIGNED 9-20-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9/24/52
NAME OF CEMETERY OR CREMATORY Mt. AUBURN
LOCATION (City, town, or county) BALTIMORE, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 22, 1952
REGISTRAR'S SIGNATURE John B. Loughran, Per. B. E. L.
24. FUNERAL DIRECTOR F. C. HIGINBOTHOM, ELLICOTT CITY, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AUX.

RECEIVED
SEP 26 1952
BUREAU V. S.